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MEDICAL AND SURGICAL REPORTER

No. 1750.

PHILADELPHIA, SEPTEMBER 13, 1890. VOL. LXIII.—No. 11.

CLINICAL LECTURE.

LACERATION OF THE CERVIX UTERI.¹

BY WILLIAM GOODELL, M. D.,

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PENNSYLVANIA.

REPORTED BY LEWIS H. ADLER, M. D.

Gentlemen: The patient whom I bring before you to-day is twenty-seven years old and has been married six years. Some years ago she had a child; not long after in birth her health began to fail; her predominant symptoms being violent pain in the ovaries, back and loins, and in the occipital region of the head. Her suffering was most severe at the time of her menstrual periods. One year ago she came to this city and consulted an excellent gynecologist, who advised oöphorectomy. She then returned home and in a short while became pregnant again. While she was with child her general health became much better; but after her delivery her previous ill-health returned together with the violent pains; and last month she had administered to her at least twenty-five hypodermic injections of morphia and atropia, in order to alleviate her suffering. Yet when she consulted me a few weeks since, I could find no sufficient reason for advising an operation for the removal of the ovaries and appendages. I was more inclined to attribute her sufferings to a neurotic condition, which produced an imperfect circulation and thus occasioned congestion in the various pelvic organs.

Now, upon making a vaginal examination, I find on the right side a little thickening of the broad ligament, but the womb is per-

fectly movable. I do not feel the ovary on this side at all, and as I do not think that it is right to remove an ovary when it possibly can be avoided, I do not feel warranted in performing an oöphorectomy in this case.

It has become a matter of serious consequence at the present day—this subject of when to perform an abdominal section—as so many diseases of the female sexual organs are attributed by so many women, and physicians as well, to ovarian trouble. The former are willing to submit to, and the latter only too ready to advise, an oöphorectomy for uterine disorders and neurasthenia. This operation, though frequently followed by relief, should be resorted to only as a final measure, after all other resources have failed. Moreover, women are just now attributing too much of their neurasthenia to womb disease. It was only the other day that I had a lady come to me to be treated for uterine trouble, when examination revealed that she was suffering only from neurasthenia.

Returning to the case before us, I find in addition to an enlarged broad ligament on the right side, that the patient has a tolerably bad tear in the cervix, and I know from the history she has given me of her symptoms, that this is the physical basis of her trouble. I have therefore advised her to submit to an operation for the relief of this laceration, which I shall now perform before you; after this is done and she has fully recovered from the primary effects of the operation, I shall follow out a protracted plan of treatment for the neurasthenic element in her case.

In beginning the operation, the patient is placed in the Sims' posture, which allows the abdomen to sag down, and as I introduce the duck-bill speculum the air rushes in, expanding the vagina. The cervix and surrounding parts are now cleansed with a 1-2,000 solution of the bichloride of mercury. The position of the

¹ Delivered at the University Hospital.

internal os is now ascertained, so as to locate the site for the new cervical canal. Through this point a piece of strong thread is passed upon a needle, which latter is removed, leaving the cord *in situ*. The ends of this are now tied; with a tenaculum, that portion of the thread between the two lips of the womb is caught and drawn forward. This doubles the loop into two small ones each of which steadies one lip of the cervix. By this means I can draw the womb down and hold it in the proper position for the operation. The process of denudation is now begun; first, however, two straight, parallel incisions are made upon each lip, on either side of the thread, about a quarter of an inch apart and not very deep, in order to mark out the mucous membrane which is to remain undenuded to serve as the lining for the future cervical canal; after which, to prevent blood from above obscuring what is being done, I begin at the lower angle of the fissure and denude up to the two lower incisions. This is repeated above as far as the two upper cuts, care being taken to remove all of the cicatricial tissues. It is usually necessary to remove a wedge-shaped mass of this tissue at each angle of the wound. Often in this operation small Nabothian glands will be seen filled with a gelatinous material. Whenever it is possible to do so, these should be dissected out.

The next thing is the introduction of the stitches. As those on the lower side are the most difficult to pass, they are inserted first. The wire I use is number 31, which is as fine as is compatible with safety.

The sutures being all passed, the next thing to do is to secure them. Before doing this the wound is syringed with the antiseptic solution (bichloride of mercury) so as to get rid of all clots and foreign matter that may be present. The shot is now slipped down over a suture and clamped. I always put two shot on the first suture, because there is danger of more pressure being exerted upon it. The same procedure of syringing and of shotting is repeated in placing each of the remaining sutures. When all this is done the wound, as you will notice, presents a nearly normal appearance. I would call your attention to the upper suture on each side, which I have left several inches longer than the rest, which are cut on a level with the shot—this is done to facilitate the removal of the stitches. These long sutures have an additional shot clamped over their ends to prevent injury to the mu-

cous membrane of the vagina. When the time arrives for the removal of the sutures, all that is necessary is to introduce my bivalve speculum and, by means of traction on these two long wires, the cervix is readily brought well into view. The stitches are then easily removed, first on one side and then on the other.

I now complete the operation by again syringing out the vagina with the bichloride of mercury solution, sprinkling the cervix with iodoform and packing the vagina loosely with gauze containing the same drug.

In the majority of these cases the surfaces of the wound are so closely and accurately adjusted that not a drop of blood is flowing at the time of the completion of the operation; such you see was so in the present case. I have sometimes seen a secondary hemorrhage result. It can usually be controlled with ice placed in contact with the cervix. Should this fail, vaginal injections of hot water, of tannin or of alum may be tried; but none of the preparations of iron, since these interfere with immediate union of the parts. Should these means fail and superficial stitches not check the hemorrhage, tamponing must be tried as a last resort. The cervix is gently pulled down by means of the two long sutures, and the vagina is packed with three sponges—one on each side of the cervix to compress the surfaces of the wound together, and the third sponge in front of the cervix to keep the others in place. Should this tampon not succeed in controlling the bleeding, a suture should be passed deeply behind the point from which the hemorrhage comes.

The subsequent treatment of the patient consists in keeping her in bed for at least two weeks. The urine ordinarily should be drawn for forty-eight hours. After the second day the iodoform gauze is removed and the vagina washed out twice daily with a weak antiseptic solution of the bichloride of mercury; on the fourth day the bowels are opened, and the tenth day the stitches are removed. A point of importance is to count the number of stitches before the patient leaves the room; for they often become buried, together with the shot, so as not to be readily seen. I remember well the case of a patient of mine in private practice, who lived in the country, upon whom I performed this operation many years ago. In the course of a month or so she came to my office and said that coition

was very painful, that there was a great deal of discharge, and that she was not able to have intercourse, but it had been so long since she had had intercourse that she was never able to have it again.

The prognosis of this operation is very good. It is a restoration of the normal state of the cervix, and it promises to be a permanent cure of the disease.

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Almost all cases of this disease are treated with success. The prognosis is very good. The disease is not very common, but it is not infrequently met with. The disease is not very common, but it is not infrequently met with. The disease is not very common, but it is not infrequently met with.

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was very painful to the husband, who thought that there was something in the vagina which ought not to be there. An examination revealed, much to my mortification, an over-looked wire suture with sharp points. It had interfered with the marital relation, but it had given the woman no pain or inconvenience.

The proper time for the performance of this operation is about a week after the menstrual flux. If it is performed earlier or later than this, it will be likely either to renew the last period or to bring on prematurely the next one. The appearance of the menses, however, while the stitches are in has never in my experience interfered with union.

It is a good rule in operations for the restoration of a lacerated cervix, not to promise too much and above all not to promise good results too soon.

COMMUNICATIONS.

MEDICINAL TREATMENT OF TYPHOID FEVER.¹

BY T. J. HAPPEL, A. M., M. D.,
NASHVILLE, TENN.

Almost semi-annually the medical public is treated to announcements of new remedies that are either infallible cures for, or at least very largely diminish the death-rate in, many diseases, most notably continued fevers. At once the enthusiasts rush into the field of experience, and soon medical journals teem with announcements of successes beyond expectation from every quarter. In time, however, these reports grow less and less favorable. Soon conflicting reports appear in the same journals, and finally the pendulum from its furthest point sets fairly back on its return.

The result is a few advocates of the theory remain; but the large majority, disappointed, go back to their old modes of treatment. The question naturally arises: "Does good result from such experimental work?" I answer promptly, "Yes." Finding that failure so often attends the use of new systems and modes of treating diseases, the physician begins to investigate his cases more closely, finds that

frequently the proposed mode of treatment cures some cases, but they are not typical cases of the disease under consideration. In fact, a careful diagnosis would show that those cases cured were not cases of typhoid fever, but were cases of some of the types of the so-called malarial fevers. I would suggest then at the very outset of what I may have to say, that everything depends as to cures and curative measures upon a careful diagnosis of all cases treated. Too often physicians fall into a routine diagnosis, as well as a routine way of making a diagnosis. One physician diagnosticates all cases of fever as "typhoid fever" which do not respond to his usual remedies of quinine and calomel for remittent fever; another—one in my circle of friends, a gentleman of high professional standing, asserts that when he has given 20 grs. of quinine night and morning for several consecutive days and fails to arrest the fever he is sure that he has to deal with a case of typhoid fever.

In my limited experience, I have seen a number of such cases under such circumstances—cases which refused to respond to either ordinary or heroic doses of quinine—yet the progress of those cases through a siege of from three to eight weeks, proved conclusively that they were not cases of typhoid fever. There was but one point of resemblance to typhoid fever throughout their whole course and that was their duration. Rarely are *post-mortem* examinations to be had in such cases, but in the few made, none of the typical lesions of typhoid fever have ever been found, showing that they were not cases of typhoid fever.

Before, then, entering upon a discussion of the treatment of these fevers, and especially of typhoid fever, a careful and painstaking examination and investigation of their clinical history must be made with a view to diagnosis between typhoid and continued remittent fevers. When we are certain as to the nature of the disease with which we have to contend, then and then only are we ready to discuss the treatment. In the continued remittent fevers, many cases of which have been met with in the last few years in West Tennessee, where the whole history of the attack can be had from a careful observer, no difficulty in diagnosis can be experienced, but otherwise it is very difficult.

In an article on typho-malarial fever, so-called, read by me before the State Medical Society of Tennessee in 1886 (see trans-

¹ Read before the American Medical Association, May 21, 1890.

actions of that year, pages 85 and 86), I reported the only two cases of this form of continued fever which I had seen or treated up to that time. Since then I have met with a number of such cases, the duration of which, and their resistance to the action of quinine in large and small doses would have led one to infer that they were cases of typhoid fever; but when the clinical history of the cases were taken, there was no longer any ground upon which to found a belief that they were typhoid. The diagnostic features of that disease were wanting. In the majority of the cases there was no tympanitic distention, except from occasional errors of diet, no gurgling, no rose-colored spots, no hemorrhages from the bowels, no epistaxis, no low muttering delirium, such as is so often met with in typhoid fever; and above all, the temperature chart in all cases showed too great a morning and evening variation.

Another marked peculiarity of the cases was the tendency towards prolonged cold stages in the third, fourth and fifth week of the disease, with no proportionate febrile reaction, the stages—paroxysms—being usually an indication of a change in the character of the fever from a remittent to an intermittent type and the beginning of a rapid improvement. There was shown a disposition to relapse in some of the cases. The prognosis was favorable. I met with but one fatal case in my own practice, and death in that case resulted from congestion of the lungs due to imprudent exposure in an algid condition. As stated before, a careful review of the whole clinical history of those cases satisfied an impartial observer that they are not cases of typhoid fever, and I can find no other name for them than that of continued remittent fever.

In a paper read before the West Tennessee Medical Society, one of its members reported a large number of cases of typhoid fever treated by him in and around Martin, Tennessee, and cured by administering to them early in the disease, calomel in full doses, followed by quinine in thirty-grain doses night and morning for several days. Not a case terminated fatally, but the fever rapidly yielded and the disease was aborted and cured by the calomel and quinine treatment.

A physician living in a neighboring town in discussing the paper stated that his practice overlapped that of Dr. —, and that he had seen scarcely a case of genuine typhoid fever that season, but had met with a

number of cases of remittent fever that had resisted ordinary methods and had been protracted to three or four weeks or more, and that these cases were among the very ones denominated typhoid by the author of the paper. The surroundings of the town were such as to give rise to cases of continued remittent fever, the adjacent country and the town itself being almost one large saw mill. Saw-dust lay around decomposing in every direction, whilst, it being a new place, there was little or no animal matter to pollute the water supply or poison the air.

Now, with these statements made, I think we are ready to briefly review some of the different methods of treating typhoid fever and compare the results obtained thereby, carefully excluding cases of continued remittent fever. In the early days of West Tennessee there were no cases of typhoid fever. The impression made upon some of the older practitioners by the first cases of that type of fever with which they came in contact were very vivid. It was a disease of which they had read, but with which they had no experience, and the treatment of those cases by calomel and jalap followed by active purgatives, bleeding and quinine, generally produced fatal results. That was the course then pursued with the malarial fevers which they treated. The failure of remedies that they considered infallible, led them to investigate more closely their cases, and they soon found that they had a distinct fever to treat, different in many respects from what they were pleased to call their bilious fevers. The lancet, calomel and quinine were soon recognized as failures, the mortality being high, nearly fifty per cent. of the cases so treated dying. The lancet was with reluctance discarded, and still the patients died. Active purgatives were abandoned. Later on we were taught that mercury, given in some form and continued long enough to produce slight ptialism, was highly recommended. In connection with this treatment we were taught that, inasmuch as the disease was a self-limited one and inclined to continue for a long time, the general abstraction of blood was to be avoided, but local bleedings were highly commended. Leeches and cups were to be used over painful tender spots. Attention was called to alimentation, and proper forms of food were discussed. Combined with this plan of treatment, turpentine was directed as an agent to stimulate the healing of the ulcerated glands and for

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the relief of gas, etc. The mortality tables soon showed improvement; but the percentage of deaths was still high and the specific was not yet found.

Prof. Wood asserted in his work on *Practice* (edition of 1860) that all cases recovered where the remedy was given early and continued without cessation throughout the disease; but such was not the success of others, in whose hands the mortality reached from ten per cent. to thirty per cent.

It would be a work of supererogation to refer to all the different modes of treatment heralded to the world as specifics for typhoid fever. The acid treatment was recommended by high authorities as the most rational mode of procedure, and statistics were adduced to prove that it was the best of all. But, as in the case of other remedies, other users of it did not obtain the same happy results.

We were taught that the high temperature was an important factor in producing fatal results; and cold or tepid sponging, the packing process, veratrum viride, aconite and other remedies were strongly advocated by some in high positions in the medical profession. But they met the same fate as the others already named. One set of statistics proved that the percentage of fatal cases was reduced, whilst another satisfactorily established the other side of the case.

Salicylate of soda was to work miracles in curing cases of typhoid fever, by virtue of the many properties that it possessed, not existing in any other one remedy. But, alas, many of us found to our sorrow that cases where it was persistently used terminated more frequently in hemorrhage from the bowels than where any other remedies had been tried. So that, in the opinion of the writer, the remedy proved to be a step backward.

Again, the fatal results in typhoid fever were claimed by some authorities to be due to the accumulation of effete, septic material thrown off into the alimentary canal by the ulcerating patches and glands, and that the remedy for this condition was to keep the bowels moving loosely several times a day. Hence small doses of magnesia sulphate or of soda bitartrate were recommended; or, if there were reasons for avoiding a purgative, the daily use of the syringe.

But the death-rate did not, to put it mildly, decrease.

Another process more recently pressed as capable of reducing the death-rate to three

per cent., or even less, is that of cold bathing, as recommended by Brandt. This cold bathing of Brandt must not be confounded with sponging, cold-packing or other forms of cold bathing. To accomplish the results claimed for it, all the minutiae of the plan must be attended to; the tub must be brought to bedside and filled two-thirds full of water; the bathing must be begun early, *even before a diagnosis can possibly be made*. I would suggest that the longer before a diagnosis can be made, the bathing is begun, the greater the per cent. of cures; because the greater the number of febriculæ and simple continued fever cases you treat.

At a recent meeting in New York City of the Section on Practice of the Academy of Medicine, Dr. Simon Baruch read a review of the many discussions of the treatment of typhoid fever and closed with an earnest appeal for the adoption of the cold-water treatment as recommended by Brandt. [See an editorial in the MEDICAL AND SURGICAL REPORTER, March 29, 1890.] According to Dr. Baruch the cold bath works wonders. It reduces temperature, strengthens the action of the heart, deepens respiration, increases the action of the kidneys and skin, improves digestion and creates a desire for solid food. All of which brightens and strengthens the patient and—*post hoc, ergo propter hoc*—must prevent the accumulation of effete material in the system. Dr. Baruch gave an elaborate description of what constituted a cold bath by Brandt's method contrasted from the wet pack, cold sponging, cold effusions and the various methods in vogue of applying either tepid or cold water to fever patients. For a description of this method, reference is made to the MEDICAL AND SURGICAL REPORTER of the date named above.

The mode of using is a complicated one, requiring the aid of at least four helpers, two for day and two for night service. The plan could be carried out only in a well regulated and thoroughly equipped city hospital, and hence would avail but little to the general practitioner in private practice outside of a city. But while the rationale sounds well, and the best results have been reported by Brandt, Voght and Bouveret, a mortality of less than three per cent. being reported, we are forced to admit with all the evidence before us that the case is not proven.

There is not a practitioner here present, who, if he will make it a rule to treat *every* case of fever with systematic bathing conjoined with quinine, could not make equally as favorable an exhibit. Stress is laid upon the commencement of the bathing process before a diagnosis can be made. This is an important point. If we wait until we are fully satisfied that we have a case of typhoid fever to treat, we will find that Brandt's method will offer no advantages over former methods of treatment when the great inconvenience attending the use of it is considered. Its advocates must at least admit that it is, as yet, *sub judice*. The only way in which reliable statistics can be obtained in regard to curative measures in the treatment of typhoid fever is to exclude all cases classed as doubtful from our calculations.

As intimated in the early part of this paper, it is strange how two practitioners of medicine, having fever cases in the same neighborhood, will meet with such different types of disease. One will denominate all of his cases typhoid, because they refuse to yield promptly to ordinary treatment, and the other reports his as obstinate cases of remittent fever. One or the other is mistaken, and where the surroundings all favor the development of the malarial fevers, I would be inclined to regard all of those cases as of the continued remittent type; and to think the practitioner, instead of discovering a new method of curing typhoid fever has proved his inability to diagnosticate the disease he is treating. There is always an inducement to call a protracted case of fever "typhoid;" that explains why it does not recover promptly; but call it continued remittent fever, and the family expects the disease cured at once, because they think that any physician ought to be able to cure bilious fever.

The Brandt bath is claimed to be "not a nervous sedative" but a "refreshing measure by which the depressing effect of the typhoid poison is counteracted." That the impact of the cold water upon the surfaces causes deeper inspirations, inhaling in consequence more oxygen and giving off more carbonic oxide, sending a refreshing impulse to the nerve centres, supplying the heart and stomach, thus imparting tone to the one, and stimulating into activity the secretions of the other. It seems to me that if this is the rationale of the tedious, tiresome, and frequent bathings of the Brandt system we have other agents that can accomplish as

much without any more danger, with far less inconvenience, and as much certainty. I protest that the mortality in typhoid fever cannot be reduced to from one to three per cent. by any such procedure, but that the errors in diagnosis account for the vast discrepancy.

I agree with Dr. Joseph Jones, of New Orleans, who in a paper read April, 1889, before the State Medical Association of La., took the position that "allowing due weight to the effects upon the rate of mortality in different modes of treatment, of the variations of climate, condition and degree of severity, it must be admitted that the rate of mortality in the great class of febrile diseases has steadily diminished during the past thirty years. With reference to typhoid fever, which may be selected as a type of these acute febrile diseases, which are self-limiting and show a tendency to spontaneous recovery, the search after remedies which may subdue or modify the febrile movements have met with at least partial success."

Instead of the tedious and oft-times impossible bath of the Brandt system, we can reduce the temperature of our patients without any more danger than experience and further use will prove to be present when the system is more extensively used, by the judicious administration of antifebrin or phenacetin. I use the term judicious advisedly, because remedies that are so powerful for good must be equally capacitated for evil, when used carelessly. Antifebrin given in such doses as the patient is found to bear, will accomplish in one hour what is effected by the Brandt system in three times that length of time. The pulse will be reduced in frequency and its tonicity improved; the temperature will rapidly approximate the normal point, and there will be produced the same good effect upon the appetite by it that is found in cases of the bath. In proportion as the temperature is kept near the normal point will the heart be strengthened, and the stomach stimulated, and *vice versa*. The control of the fever is a most important element in the treatment of typhoid fever, and in the class of remedies at the head of which stands antifebrin, we have agents superior to any heretofore in use with which to keep the heat within bounds. I do not deem it necessary to discuss the uses and action of antifebrin on the system. A most important feature in its action is in the decided increase of the general euphony of the patient. There is a greater desire

for, and a greater power to assimilate food and drink. There is a decided decrease in temperature, and a reduction in the frequency with a corresponding increase in the strength of the pulse, just those points that are claimed for the Brandt bath, but in addition, we have, as another effect, an increase in the amount of urine voided.

To this extent, if no other, could we successfully assert that progress had been made in the treatment of typhoid fever, but we can go a step further, and I trust show that in the phenol remedies we can present agents which have more claims to merit in the treatment of typhoid fever, as well as the continued malarial fevers, than any other medicines hitherto used. In the last three years I have treated every case of typhoid fever or of continued remittent fever with carbolic acid, either alone or combined with iodine, and in that time I have not had a single death from typhoid fever, where the stomach of the patient could tolerate the remedy. I have thought that where iodine and carbolic acid could be administered together, I obtained more satisfactory results. One case of typhoid fever terminated fatally, where neither of the remedies was borne for any length of time. During the first three weeks of the disease an occasional dose of the mixture was tolerated, and with the aid of not more than five grains of antifebrin in twenty-four hours, the temperature never rose above $102\frac{1}{2}^{\circ}$; but at the end of that period the stomach no longer tolerated the remedies, and the patient died in the sixth week of the disease.

I have seen in the last year three fatal cases of typhoid fever in consultation, treated with turpentine and the acids; death in these cases was caused by hemorrhage from the bowels.

If the experiments of Pasteur and others have proved that many, if not all diseases are due to the presence and active development of living germs in the system, then certainly specifics, curative agents for those diseases—must be remedies to destroy those germs. Dr. W. F. Glenn, of Nashville, Tenn., in an able paper upon the Phenique Compounds in Germ Diseases, read before the Tennessee State Medical Society at its meeting in April, 1890, states that for the last ten years he has employed phenic acid in the treatment of typhoid and malarial fevers as well as the eruptive ones, and in typhoid fever he "never had a diarrhoea or hemorrhage, never a serious

tyimpanites, never a death." Dr. Glenn's experience in the use of carbolic acid agrees exactly with my own, though as I stated, I usually combined iodine with the acid.

I have referred to the most important phases of treatment of typhoid fever.

As to the mortality under the different forms of treatment, it is found that, under bleeding and free purgatives we have no reliable data; but reports place the death rate at 50 per cent.; when bleeding was abandoned, but purgatives still continued, the mortality was reported to be from 30 to 40 per cent.; under the turpentine treatment, conjoined with careful feeding, we find reports showing a death rate varying from 10 to 30 per cent.; under the acid treatment, we find the deaths to be below 10 per cent.

Allowing due weight to the reports on the Brandt method of the treatment of typhoid fever, this shows a further improvement in the prognosis of the disease.

In the last-mentioned plan of treatment, antifebrin or phenacetin to keep the temperature at or below 102° , and the phenique preparations, either alone or combined with iodine or ammonia, we have a mode of procedure that offers to the medical profession some hope in the near future of being able to say that typhoid fever can be cured; not that it is a self-limited disease, and that this or that plan of treatment enables you to sustain your patient until the disease has run its course.

In concluding I desire to call attention to two effects of the carbolic acid treatment, which Dr. Glenn notes, and which my experience also substantiates; namely, the tendency to constipation and, in a slight degree, to render the blood less fluid. The judicious use of mild laxatives or the syringe will be needed to relieve the first, and the second can be met by administering ammonia in combination with phenic acid in the form of ammonia phenate. The use of the phenique preparations will be found also to lessen the temperature, and hence there will be less demand for antipyretics. So long as the temperature does not go beyond 102° I do not use antifebrin, but depend upon sponging with cold or tepid water, whichever I find to be most pleasant to the patient.

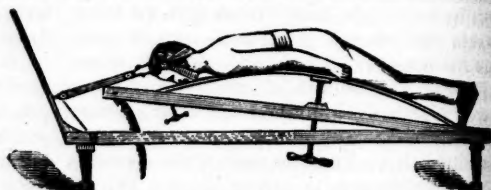
—Ichthyol Suppositories (33 per cent.) are recommended for the treatment of intestinal catarrh, both acute and chronic.

MECHANICAL TREATMENT OF SPINAL IRRITATION.

BY G. FRANK LYDSTON, M. D.,
CHICAGO, ILL.

It is not my purpose to enter into a discussion of the merits of the term spinal irritation, nor the finer pathological distinctions involved in the consideration of that omnibus. I desire, however, to direct attention to a method of treatment which I consider invaluable in those annoying cases of hyperæsthesia of the spinal cord and spinal nerves which have ever been a source of much trouble to the physician. As is well known, the *ensemble* of symptoms characteristic of what has been termed "hysterical spine" includes subjective and objective symptoms which are directly referable not only to the spinal cord and its nerves, but also to the various viscera supplied by the spinal cord. The spinal cord is not only involved, but the numerous ganglia of the great sympathetic nerve system are affected through the medium of their communicating rami. The close association between circulatory disturbances of the spinal cord and perturbations of the function of the sympathetic ganglia has been clearly shown by Clevenger.¹ Whatever may be said as to the anatomical changes in spinal irritation—whether these consist of varying degrees of anemia, hyperemia or congestion—is of but little moment in the consideration of the treatment which I am about to advocate. There is, to say the least, a greater or less degree of impairment of nutrition of nervous structure and incidentally of general nutrition. The latter may be primary or secondary. Again, the treatment is equally efficacious, whether the point of departure of the nervous disturbance be in the cord itself or consist in some disturbance elsewhere, the results of which have been reflected upon the cord. Personally I regard the local condition in spinal irritation as one of varying blood supply, there being at one time anemia and at another hyperemia of greater or less degree, and there being, perhaps, anemia in one portion of the cord, while other portions are hyperemic, which

is essentially the view held by Ross in his *Nervous Diseases*, vol. ii, p. 332. These circulatory disturbances being dependent upon perturbations of the sympathetic ganglia, the indication in all of these cases is, of course, to seek for and if possible to remove the primary cause of the trouble. This may or may not be found. The next indication is to equalize the circulation of the spinal cord and its nerves, and thereby to improve the nutrition of these structures. This object I believe to be best accomplished by Stillman's method of extension upon the curved board. The apparatus used for this purpose is shown in the appended figures. Dr. Stillman advocates both the anterior and posterior curves during extension in cases of locomotor ataxia and other spinal affections, with a decided preference, however, for the anterior curved position. (Fig. 1.) Personally, I consider the anterior curved



extension with the spine in the anterior position as the only method likely to be productive of benefit. The posterior curved extension is shown in Fig. 2.



Regarding the efficacy of this method of spinal extension, I will take the liberty of stating my views regarding the *rationale* of extension of the spine in locomotor ataxia and spinal irritation, especially as regards its effects upon the circulation. My theory of extension of the spine was originally published in the *Medical Mirror*, May, 1889. The method which has been most in vogue for extension of the spine is that of Sayre, as first used by Motchoukowski and afterwards brought in special prominence by Charcot. Most of the authorities who have thus far studied the subject have come to the conclusion that the circulation of the

¹ *Erickson's Disease*, by S. V. Clevenger.

spinal cord is improved by spinal extension, but this they believe to be brought about through stretching either of the spinal cord directly or of the spinal cord secondarily through the medium of the spinal nerves. Others do not venture to advance an opinion as to the *rationale* of extension. Dana,¹ Morton,² Stillman³ and Waitzfelder⁴ do not seem to be at all clear as to the action of extension, although they admit its value. Stillman states that he considers the *rationale* of extension to be still undetermined.

I fail to see how any of the explanations of the mechanical cause of improvement in the nutrition of the cord which have thus far been offered, in the consideration of the treatment of spinal affections by extension, can be consistent with our knowledge of the anatomy of the spinal column, the spinal canal and its contents. I do not believe that it is possible by stretching of the spinal column to exert sufficient traction upon the loosely attached spinal cord either to stretch it, or to stretch the spinal nerves. It appears to me to be absolutely impossible to exert a traction force of any degree upon the cord through the medium of the spinal nerves. Indeed, the structure of the spinal canal and its contents is such apparently as would defeat any attempt at direct traction upon the cord or its nerves. The spinal cord does not completely fill the spinal canal, its investing membranes being invested by areolar tissue and a rich plexus of veins and capillaries which separate the cord from the bony walls of the canal. As compared with the length of the spinal canal, the spinal cord is relatively very short, extending only from the foramen magnum to the lower border of the first lumbar vertebra.

It is unquestionably true, as proven by experiments upon the cadaver, and as I have observed in experiments upon the living subject, that the spinal column can be extended. Now, if this extension produces improvement in the general circulation and in the nutrition of the spinal cord, and if moreover (as I believe) it is not practicable to exert sufficient traction to stretch the spinal cord or its nerves within the limits of safety, there seems to be some other explanation of the action of extension. I believe that extension does produce both local and general

improvement in nutrition, but I do not believe that this result is attained through traction upon the cord or the spinal nerves. The spinal column is composed of a number of firm, bony segments united by elastic and inelastic structures. The elastic bonds of union between the vertebræ (chiefly the ligamenta subflava) are the media through which extension of the spine is possible within certain limits. The inelastic structures, although perhaps extensible within certain limits, are the principal agents in limiting the range of elasticity of the ligamenta subflava. In a general way it may be said that the vertebræ constitute the rigid segments of the spine, while the intervertebral tissues and ligaments constitute the extensible and more or less elastic segments of the spine. These segments constitute the walls of a canal which in its entirety is quite capacious. Admitting that it is perfectly practicable to lengthen the spinal column, it is a self-evident fact that the cavity in which the spinal cord and its investments rest, is increased in its capacity to a degree proportionate to the lengthening of the spinal column. The increase of capacity would be represented by a cylinder of a length corresponding to the increase in length of the spinal cord when fully extended, with a mean diameter corresponding to that of the spinal canal. This will be admitted by all who believe that lengthening of the spinal column by extension is practicable. This fact having been admitted, its corollary is at once obvious. There is a tendency to the formation of a vacuum of greater or less capacity within the spinal canal, the result of which is an aspirating or suction force along its entire length. The simplest of physical principles explains the rest. There is an active determination of blood to the part, with a consequent stimulation of the functions of the cord, and an improvement in its nutrition, which lasts for some time after the tension upon the spinal column has been removed. An incidental element in the improvement of nutrition is a lessening of resistance to the venous flow. The effect of an increased *vis à tergo* and a diminished *vis à fronte* is at once apparent.

The improvement in the general circulation incidental to extension, if properly performed, is very evident even to a casual observer. The extremities, which in locomotor ataxia are cold and show evidences of faulty circulation, grow warm and reddened during the continuance of a suspension.

¹ Medical Record, April 13, 1889.

² Medical Record, April 13, 1889.

³ Western Medical Reporter, April, 1890.

⁴ Medical Record, April 13, 1889.

This improvement in circulation will be observed to remain for a greater or less length of time after suspension is stopped. The pulse will be found during extension of the spine, at least by the method which I endorse, to grow more frequent and fuller; respiration is also increased.

The so-called Sayre method, as advocated by Motchoukowski and Charcot, is in my opinion a very faulty one, and is by no means free from the element of danger. Some four or five cases, if not more, have been reported in which death has occurred as a direct consequence of shock or asphyxia induced by the suspension method. This method is certainly painful, and the risk, considering the number of deaths that have occurred from it during its short existence, is considerable. The traction upon the spine is exerted in an indirect manner. It is produced solely by longitudinal traction, no attempt being made to take advantage of certain mechanical principles which can be applied to the spine. The method certainly entails hard work upon the patient, the first principle of treatment of spinal affections, *viz.*, *rest*, being disregarded. The disproportionate strain upon the cervical portion of the spinal column is inconsiderable. There seems to be a tendency to attempt stretching and straightening of the spinal columns by traction upon this relatively short and fragile region of the spine. Not only is this region of the spine rather delicate, but traction upon it involves tension upon certain very important nervous, vascular and muscular structures of the neck.

In addition to the increased capacity of the spinal cord, incidental to extension of the spinal column, there is an increase of capacity due to a thinning of the various intervertebral structures. The straightening out, the stretching and unfolding of the various ligaments of the spinal column enhance the aspirating effect upon the spinal column as a whole as well as upon the spinal canal. That stretching of the cord is not the essence of the beneficial result is, I think, conclusively shown by the circulatory effect of extension. Stretching a nerve does not heighten its functions, on the contrary, it inhibits them temporarily. The results of stretching the sciatic nerve show this.

In considering the mechanical treatment of spinal irritation by extension of the spine, it is necessary to consider the fact that, according to my theory, it is not necessary to bring to bear upon the spinal column

extreme and painful tension, it being only necessary to bring about such a degree of lengthening of the spinal column as will secure the aspirating effect which I have described. It is in spinal irritation that the aspirating effect produced by extension in the anterior curved position is especially indicated, and it is here that the most surprising results are often obtained. As an illustration of the benefits to be derived from the method, I will briefly recount a case which is at present jointly under the care of Dr. Stillman and myself.

The patient, a neurotic young woman, twenty-two years old, was never very strong, but was fairly well until four years ago. At that time she had an attack of what was supposed to be typhoid fever. She did not recover perfectly from the so-called typhoid, but suffered with painful and difficult menstruation, radiating abdominal pains, chiefly localized in the right iliac region, with more or less intercostal neuralgia. After some months had elapsed, she fell under the care of Dr. K. Hoegh, of Minneapolis, Minnesota, a very competent surgeon and diagnostician. Dr. Hoegh detected disease of the appendix vermiformis and operated. The operation disclosed ulceration and adhesion of the appendix with a small pus cavity about it. The appendix was removed. The patient recovered promptly from the operation, but was not relieved of her abdominal pains. The cicatrix remained very painful with exacerbations of lancinating pain referable to it. Severe pain referable to the ovarian region, at times upon one side, then on the other, and symptoms equally painful upon both sides were experienced. There was severe intercostal neuralgia. During the ten days preceding menstruation the pain was severe, and lasted for a few days after menstruation had ceased. During the intervals the patient was comparatively comfortable. On examination I found the cicatrix left by the operation exquisitely tender. This tenderness, however, varies from day to day and during the remissions of pain almost entirely disappears. The spine in the middle and lower dorsal regions was exquisitely tender. The characteristic points of tenderness were elicited in the course of the dorsal nerves. Abdominal pain was one of the chief subjective symptoms and was most marked beneath the free borders of the ribs.

After treatment for several weeks with tonics and counter-irritants without appreci-

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able effect, I referred the patient to Dr. Stillman for treatment by extension upon the curved board. The relief obtained while the patient was under treatment was very marked. There was at no time pain while the extension was being applied. In every instance, even when the pain was quite severe, it disappeared entirely under extension. The interval of freedom from pain between the menstrual periods has been lengthened by the treatment, and the menstrual period itself has become quite natural and painless. Pain is no longer markedly localized in the cicatrix, and the latter is now quite tolerant to pressure. As the patient is still under treatment, it is as yet too early to say what the permanent effect will be; but I have every reason to believe that the result will be a perfect cure. I desire to state in passing that extension upon the curved board is an excellent means of restoring the equilibrium of the pelvic circulation and thereby relieving certain ovarian disturbances of a nervous or vascular character, dysmenorrhœa, etc. This is a point well worthy the attention of general practitioners.

Dr. Stillman has observed in his own practice a large number of cases of spinal irritation, caused either with or without organic spinal difficulty, which have been relieved in most instances, and, in a number of cases, completely cured by extension upon the curved board.

Exercising the muscles, and the application of electricity while the spine is at rest in the anterior curved position, are of great advantage. The static current is of especial value when used in this manner.

Opera House Block.

OPERATIVE TREATMENT OF CARCINOMA OF THE RECTUM.

BY CHRISTIAN FENGER, M. D.,

CHICAGO, ILL.

As to the part of a discussion of the subject of malignant diseases of the rectum I shall first say that the results of palliative and operative treatment cannot very well be compared, because each one serves its own limited field of usefulness. The palliative operations will be used where total extirpation of the carcinomatous tissue is either impossible or too dangerous to the life of

the patient. Total extirpation should be resorted to whenever there is a possibility of removing all of the diseased tissue without taking the life of the patient.

We will first discuss the palliative operations, which all have the intention of doing away with symptoms of stenosis.

1. Linear rectotomy, as devised by Nélaton, and extensively practiced, especially in France, by Verneuil, Trélat and others, consists in division of the posterior wall of the rectum for carcinoma in the median line backwards to the coccyx, and is done with either the knife or the cautery, the cautery giving more security against hemorrhage and sepsis. The effect of the operation is often a very beneficial one, in reducing the frequent, painful passages to few and painless ones. As to its dangers, Verneuil estimates the mortality from the operation at about five per cent., and he states that the suffering from incontinence is small. This operation can only be made use of in low carcinomas, where the finger can reach the upper border of the tumor, and the peritoneal cavity is in no danger of being opened. In regard to this matter, Esmarch states that in the majority of the cases of carcinoma low down, total extirpation is not only possible, but easy, and consequently ought to be preferred. It should be limited to cases where the wall of the bladder, the prostate gland, the uterus or the fornix of the vagina have been invaded by carcinoma, making total extirpation inadvisable.

2. Opening into the rectum from the ischio-rectal fossa above the carcinoma, as devised by Marshall, is practically making a posterior artificial anus above the carcinoma. Spontaneous fistulous openings in this place had taught Marshall that relief from stenosis symptoms took place. This operation, however, has never been resorted to to any extent.

3. Curetting of the carcinoma with the sharp spoon and cauterization of the scraped surface with Paquelin's cautery is another method. The curetting was devised by Simon, and the cauterization of the curetted surface, by Küster, who has practiced this method of late extensively. He advocates the method very strongly, saying that it affords great relief in inoperable cases. Of from twenty-five to thirty patients, only two died from peritonitis, and Küster estimates the mortality from the operation at about eight per cent. Many of his patients lived more than a year, and in a comfortable con-

dition. K lster has for years never performed colotomy in low carcinomas. The operation just described is applicable only to tumors low down in the rectum, because in the carcinomas above the line of the peritoneum, surgeons always run the risk of opening into the peritoneal cavity. Esmarch has seen cicatrization of a large carcinoma take place after this operation, but still calls attention to the dangers of hemorrhage and collapse following this method.

4. Lumbar colotomy, as devised by Amussat and Callisen, has been extensively practiced by English surgeons, but is now rapidly losing ground and being replaced by the more modern modifications of inguinal colotomy. The mortality from the old statistics was high, between thirty and forty per cent. This mortality has decreased considerably of late, so as to enable Cripps to report fourteen cases without a death. There are certain objections to the method, sufficient to prevent its future use. Prominent among those objections is the difficulty of finding the colon and opening into it at a place not covered by the peritoneum. The descending colon frequently has a mesentery, and it often necessitates great distension to find sufficient space to open into the bowel without opening the peritoneal cavity. The wound is always a deep one, and the artificial anus is in an inconvenient place for cleaning away the feces, except in patients who are unable to get out of bed. It is impossible to prevent part of the fecal matter from passing down to the carcinoma, and causing the usual irritative effect on the ulcerated surface; and consequently it does not relieve the pain and tenesmus. The advocates of the operation, such as Henry Morris, claim for lumbar colotomy a wider application, as, for instance, in carcinoma of the sigmoid flexure or lower portion of the descending colon, where inguinal colotomy would give no relief. Knies' modification of inguinal colotomy is practicable on the transverse colon as well as on the cecum and ascending colon, thus making this claim of advantage somewhat doubtful.

5. Inguinal colotomy, as devised by Littr , or laparo-colotomy, is rapidly gaining favor. The mortality of the operation was in early times (Batt and Van Erkelen) even higher than in lumbar colotomy, being from forty-six to fifty-three per cent. This was the consequence of opening into the peritoneal cavity without antiseptic precautions. The introduction of antiseptic methods here,

as in all other intra-abdominal operations, reduced the mortality to the neighborhood of five per cent. K nig reports twenty cases with only one death from peritonitis; Cripps twenty-six cases with only one death.

The attempts to perfect inguinal colotomy had in view, besides guarding against infection of the peritoneal cavity, to effect complete evacuation of the feces in the place of the artificial anus, so as to prevent any fecal matter from passing down into the carcinoma, thus preventing irritation and painful tenesmus, and, furthermore, to facilitate the washing out of the carcinomatous bowel from above. Closure of the lower bowel, as devised by Madelung, was thus abandoned, and Knies' method, as modified by Maydl, is the one nowadays mostly adapted to fulfill all the indications. When it can be performed in two stages it must be considered almost without danger from peritonitis, and its advantages, as stated by K nig, are the following: The operation is done openly, mostly outside of the peritoneal cavity, no fecal matter can pass over the carcinoma, and this can be easily irrigated and kept clean.

6. The radical operation, that is, the total extirpation of carcinoma, should always be done when it is possible to remove all of the diseased tissue without too great danger to the life of the patient. It is the only hope of a radical cure, and a number of permanent recoveries are on record. In the earliest period only low carcinomas were operated upon, as the dangers to life became almost insurmountable the higher up the carcinoma was located. Modern modifications, especially the sacral method of Kraske, has greatly reduced the dangers for the high carcinomas. The removal of part of the sacrum or its osteoplastic—that is, temporary—resection, as devised by Hochenegg, gives ample space for the removal of carcinomas even above the rectum and in the lower portion of the sigmoid flexure. Nevertheless it cannot be disputed that a considerable amount of preliminary operating in the high or sacral operation causes additional danger from hemorrhage, collapse and peritonitis in patients already reduced in vitality by the disease. If we want to consider the danger of the radical operation for carcinomas from a statistical point of view, we meet with a difficulty yet in the literature that the authors did not distinguish sharply enough between high and low operations.

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tions, we find that the enormous mortality before Volkmann's time of over seventy per cent., the mortality has come down to thirty-six per cent. By comparing statistics from the literature in 1887, I have collected 272 cases, with a mortality of twenty-two per cent. In the hands of other operators, however, after that time the mortality has been lowered considerably. Thus König gives us a mortality of his operations, for the last six years, of sixteen per cent., and von Bergmann gives us a series of forty-six operations, with only three or four deaths; Cripps thirty operations, with two deaths; Hochenegg twelve operations (from Albert's clinic) with no deaths; Bardenheuer thirteen cases, with two deaths. It may be reasonable to conclude that the mortality of to-day, with proper selection of cases, may be estimated at between ten and fifteen per cent.

As to the number of radical cures, it is impossible from the literature to give an estimate, but I should expect a radical cure in about ten per cent. of the patients that survived the operation.

As to the functional disturbance, comparatively little is known, from the fact that little mention is made of the patient's condition in after years. König takes a rather gloomy view of the condition of those patients, and states that the functional results after the high operation are better than those after the low operation. Of twenty-one patients, he considers fifteen in an unsatisfactory state; always unclean except when constipated; and only six had tolerably good power of retaining the feces. Von Bergmann takes a brighter view of the condition of such patients, and so do most other authors; so much so that the functional condition of the patient is not permitted to interfere with the choice of operation between palliative and radical when there is a possibility of saving the life of the patient with the latter method.

—There is an instructive lesson in the English mortality returns from tuberculosis for the last forty years. In the ten years from 1851 to 1860 the number of deaths from tuberculosis in persons from 15 to 45 years of age amounted to 3,943 in every million; from 1861 to 1870 it had fallen to 3,711; from 1871 to 1880 it was 3,194; and from 1881 to 1887 it did not exceed 2,466. The decreased rate is more marked in the female than in the male sex.

FATTY TUMOR OF THE LABIUM.

BY A. HAMILTON DEEKENS, M. D.,

PHILADELPHIA.

Tumors of any kind, situated on the labia, are sufficiently rare to excite the interest of the medical profession. The literature on the subject is scarce, and I would direct the attention of those who are specially interested in this particular line to a paper shortly to be published by Professor Howard A. Kelly, of Johns Hopkins University, giving full statistics in regard to it. All students of Professor Goodell of this city will at once call to mind his interesting description of an immense fatty tumor of the labium, which he had photographed and illustrated in his book on gynecology.

The history of the present case is as follows: Mrs. B., sixty-one years old, gives a good family history. Her mother died at the age of ninety years, having had nine children, eight of whom are still living, Mrs. B. being the youngest. One rather curious circumstance is that four out of five sisters are ruptured, Mrs. B. among the number. Her rupture occurred about fourteen years ago while she was straining herself in hanging out clothes. It was on the right side, the same as the tumor. The tumor was first noticed by patient while in the water-closet seventeen years ago. At that time it was about the size of a pea, situated midway on the right labium majus. It was not painful, though pressure on it produced slight discomfort. Nothing more was thought of it for some time, although it was noticed that it was growing slowly. In 1876 it had reached the size of a chestnut and at times caused slight pain. She now showed it for the first time to her family physician who advised her to submit to an operation, though he refused to do it himself, as he was not a surgeon. The patient refused operation, however, and the tumor slowly grew until it had attained the size and very much the shape of a large lemon, with a pedicle about two inches long, causing her great inconvenience in walking and during micturition. She was obliged to keep it suspended in a bandage which was fastened round her waist. At times the tumor would commence to "burn," requiring cooling applications; and darting neuralgic pains would fly through the groin and radiate down the thigh in the right side.

Early last spring the tumor began to get sore at the end and ulcerations commenced. A month before I saw it it commenced bleeding very freely while she was at the water-closet, bright red blood, and the patient says she thinks she lost more than a pint of blood. The hemorrhage made her very sick and weak, but by using pressure bandages the bleeding was stopped.

I was called in on May 14, and found the patient in bed. On making an examination, I found what, at first in the dusky light of early evening, I took to be a complete prolapsus uteri, with an ulcerated cervix, but which I soon saw was a tumor of the right labium with a large cup-shaped ulceration on the end. It had a very bad odor. The patient looked weak and anemic and very cachectic, due no doubt to blood poisoning from the absorption of putrid matter from the ulcerations.

The tumor had been bleeding slightly at short intervals ever since the first hemorrhage. The patient said that for years she had been unable to go out with any pleasure, and had felt despondent and melancholy, the thought, and weight of the tumor weighing her down both mentally and physically. I advised immediate operation, which she consented to, and two days later I removed the tumor with the assistance of Dr. Charles P. Noble. The operation was done without ether, a ligature being applied firmly round the pedicle at its junction with the labium and half a grain of cocaine being injected into the substance of the tumor. At Dr. Noble's suggestion I passed the needle and ligature through, on each side of the main artery (which was a very large one), and securely ligated it. This rendered the subsequent operation practically bloodless. The pedicle was cut through as in the circular amputation of the arm, and the skin was sutured over the stump. The tumor gave distinct evidences of fluctuation, and might easily have been mistaken to be cystic in origin; but on cutting into it, it was found to be composed almost entirely of fat. It measured four and a half inches in length, by two and a half in width, and weighed seven and a half ounces. The pedicle was slightly over two inches long, and when the woman was standing it pulled the labium down until it reached about one-third of the way down her thighs.

The tumor did not make its appearance until two or three years after the climacteric had been fully established. I preserved the

specimen, and left it temporarily at St. Mary's Hospital, for safe keeping; but I regret to say, that one of the nurses there, in her ardent zeal in the cause of cleanliness, disposed of it along with other pathological curiosities, and thus my chance for an interesting microscopical examination was lost.

The patient made an uninterrupted recovery and is now looking well and hearty, and, as she says, feels ten years younger than she has for a long time.

1638 Franklin Street.

HOSPITAL NOTES.

NEW YORK POST-GRADUATE MEDICAL SCHOOL.

SERVICE OF DR. ROBERT W. TAYLOR.

Eczema.

A married woman, about thirty-two years of age, who had had a suppurative periostitis of the nose following traumatism, came to Dr. Taylor a short time ago with a highly inflamed spot on the nose, which oozed very slightly and was covered in places with crusts. The appearance of the lesion suggested syphilis or a lupoid eruption; but the previous history of the patient, and a closer examination excluded this, and she was shown to the class as an illustration of a form of eczema which was common among children, and was induced by the passage of irritating discharges from a wound over a delicate and irritable skin. This brought up the question of the contagiousness of eczema, which the lecturer answered by saying, that eczema could not be considered contagious in the ordinary acceptation of that term; but that it was highly probable that the discharges from an ulcerated eczematous surface might, when infected by microbes, give rise to a contagious element.

This patient had been treated, so far, with the following ointment, which had acted very well:

R Balm of Peru . . . Half a drachm
Lassar's paste . . . One ounce

According to the original formula, Lassar's paste consisted of two parts each of oxide of zinc and starch, and vaseline four parts, with a certain proportion of salicylic

acid; but Dr. Taylor at his clinic omits this latter ingredient.

Eczema Rubrum and Varicose Veins.

The next patient was a man twenty-five years of age, who gave no venereal or syphilitic history except a gonorrhoea eight months before, presented himself on account of several round, red, scaling patches complicating a varicose condition of the veins of the leg, which had existed for many years. At times these patches had covered the greater part of the legs, and similar lesions were found on other parts of the body. This man had always taken a good deal of beer; and an additional predisposing cause for his trouble was found in his occupation, which required him to be about a furnace. Engineers and firemen often had persistent eczemas of the legs with varicose veins; and old people who were fond of sitting and toasting their shins in front of a fire were similarly affected. This reddened, infiltrated, oozing surface was studded with small spots of ulceration, each of which might be the forerunner of an intractable ulcer.

In the treatment of this condition rest was all-important, and before the application of any dressings the affected parts should be thoroughly cleaned with a five per cent. carbolic acid solution. After these preliminary measures apply the following ointment:

R Camphor Ten grains
Goulard's extract . . . One drachm
Lassar's paste One ounce

Carefully graduated pressure with a roller bandage was an important feature of the treatment.

Lupus Erythematosus.

A Polish Jew, about thirty-one years of age, was next exhibited to the class on account of the diseased condition of the skin of the face, which began three years ago as a red spot in the hair follicles. At present there was an oval patch of thickened integument covered here and there with scales, and showing a tendency to cicatrize in the centre. Dr. Taylor said that the very chronic skin affections one was liable to meet with upon the face were: (1) Syphilitic lesions; (2) Lupus vulgaris, and (3) Lupus erythematosus. The latter affection usually begins on the nose, but also elsewhere on the face, and this case, in its origin and sym-

metrical development appeared to be an example of that disease. There was no syphilitic history.

This case would be benefited by minute scarifications around the edge of the patch, and painting all over with carbolic acid under cocaine anaesthesia. After that, the following ointment should be continuously applied:

R Pyrogallic acid . . Half a drachm
Mercurial ointment } Each half an ounce
Zinc ointment . .

Syphilis or Lupus.

Another case to which the attention of the class was directed, was that of a man, fifty years old, who had been a hard drinker, and who gave no history of syphilis even after very close questioning. He had at present an inguinal adenitis, but no signs of old sores on the genitals. Six years ago, he said, a small pimple appeared on the left side of the thorax, and it had been present ever since, extending symmetrically until now there was an irregular shaped patch, extending from just above the crest of the ilium as high as the eighth dorsal vertebra. The patch had a gyrate outline, and its centre showed cicatrization and pigmentation. Such a chronic tubercular eruption, Dr. Taylor said, was either syphilitic or lupoid; but both the appearance and its position were against its being the latter. He was therefore inclined to consider the case one of syphilitic origin; but the question could only be decided by the application of the therapeutic test. He thought mixed treatment would materially improve his condition.

Chancre.

Another interesting object-lesson in dermatology was found in a patient, twenty-seven years of age, who had a chancre of ten days' duration, showing the characteristic cartilaginous hardness and projection of the mucous membrane of the prépuce, belonging to such a lesion. He also had an acne and a rosacea of the face, showing the enlarged follicles already described in a previous lecture.

Acne.

The last illustration selected for Dr. Taylor's lecture was a boy of eighteen years, who had, scattered over the face, a papular acne with comedones.

The treatment consisted in scouring the face with carbolic soap, and then washing with a three per cent. carbolic acid solution, after which the following ointment should be applied :

R Resorcin
Sulphur, of each, half a drachm
Zinc ointment one ounce.

PERISCOPE:

Nature, the Best Accoucheur.

Dr. J. H. Gardiner, in the *Canadian Practitioner*, August 16, 1890, says: I am a general practitioner of eleven years' standing; and for at least eight years of that time I have attended from ten to twenty cases of confinement monthly, with the following results: I have had six deaths during the puerperal period; two from embolism, two from puerperal inflammation, one from typhoid fever, and one from shock caused by a large loss of blood at time of birth, and a sudden chilling from open window on a frosty night in October, two days after premature birth of twins. Six of my patients have suffered from pelvic cellulitis; at least four of these belonging to families with a tubercular diathesis. Four or five others have recovered slowly from causes unknown. All others have been well enough to be up and around by the ninth or tenth day. I have seen one case of puerperal convulsions in a very mild form, and in two or three cases I have had a post-partum hemorrhage.

I always wash my hands with soap and water on entering the lying-in room, and if I have been attending any suspicious surgical or medical case, use carbolic acid in the water. I use either sweet oil or lard, or whatever other substance I can get in the house where I am attending, for lubricating purposes, both for hands and instruments. I am careful to see that all clots and portions of the placenta are removed, and that the patient is free from all bloody or wet clothes, and also that the bed is clean and dry, before I leave the house. I know of one case in which the cervix uteri was ruptured, but the patient refused to have it operated on, and she has since borne children, but never complained of any inconvenience from the tear. I have once stitched a ruptured perineum; in all other cases nature has performed the cure to the satisfaction of myself, the patient and the husband. I do

not know whether, specialists on women's diseases would be pleased or not. I am sure that, from the amount of violence I have had to resort to in some severe forceps cases, considerable bruising must have resulted to the soft pelvic structure; but nature, in all forceps cases save one, effected a cure in the usual puerperal period. The exception was one in which cellulitis followed with perfect recovery, after six months in bed. In severe cases I always examine my patient to ascertain if much damage has been done, and if the parts are very much bruised, I order, on the third day, a warm carbolic injection. I also use this in all cases, if the discharges become at all offensive, and generally instruct the nurse to use a little carbolic acid in the water she uses to bathe the patient with.

Now, what are the causes of puerperal inflammation, or puerperal septicemia? In order to answer this, it is necessary to study the woman before delivery, and the changes that have taken place during the nine months' growth of the fetus; also, how nature restores the normal condition of affairs, whilst guarding with jealous care the well-being of the patient.

The first period is one of building up—of growth. The second period, one of breaking down—of decay. During the first period, large quantities of adventitious tissues are formed; these being no longer wanted, have to be removed. In the second, nature's disinfecting and excretory apparatus are taxed to their utmost, and all that is asked by her is a fair field and no favor. Give the skin, the lungs, the kidneys, the bowels, and the uterus a fair show, and in ninety-nine cases out of every hundred no other treatment will be necessary. But chill your patients, and stop the action of the skin, and the kidneys, bowels, uterus, and even the lungs, will become engorged, and in time paralyzed. The mammary glands will cease to secrete, and your patient will have puerperal fever. Restore the secretions of these parts, and the patient is better. Again, introduce some source of septic poison into the vagina or uterus, and it may become absorbed, and the same result follows. The same may be said of the lungs or bowels. In every case the strictest care is required, always remembering that nature, as a rule, is the chief agent, and all that the accoucheur can do is simply, where she fails, to aid her in her efforts, never to retard her in her work by injudicious meddling.

criminal carelessness; and do not ascribe to art that which can be done, and is done, in a far more effective, if less expensive, way. A general practitioner attends all classes of cases, and strict care should be observed; but it is only in a very few instances, such as erysipelas, pyemia, or septicemia, that any special care is necessary. And I think it safer to refuse to attend cases of confinement, if you have a well-marked case of puerperal fever.

Prophylaxis of Contagious Diseases.

The *Therapeutic Gazette*, August, 1890, says: According to the Paris correspondent of the *Medical Press and Circular* (June 18, 1890), at the Académie de Médecine, M. Grancher (Pasteur's principal assistant) spoke at great length on the prophylaxis of contagious maladies, which he considered to be one of the most important questions of contemporaneous medicine. To realize this influence we have two means at our disposition—isolation and antiseptics. In surgery and obstetrics, he says, antiseptics seemed sufficient, as the problem is relatively simple, since it is reduced to the protection of a wound. In medicine, the question is more difficult, and isolation was the method recommended and employed by the majority of medical men. But there is *isolation and isolation*—as was well perceived by the physicians who had charge of children's hospitals in the matter of the special wards for diphtheria and measles—which did not render the services anticipated. At the Hôpital des Enfants Malades in Paris, for instance, the contagion of diphtheria and measles did not diminish consequent on the creation of special wards. Certainly the number of external cases diminished in the general wards, but the germs of these two affections kept up by contagion the rate of morbidity and mortality. The efforts against contagious diseases, consequent on the method of isolation, have not been crowned by the success desired, and M. Grancher thought that medical antiseptics would render very signal service. Isolation could never suppress all chance of contagion, and without antiseptics it would, on the contrary, create a new source of danger—as when patients suffering from the same malady are packed together in the same ward, the secondary affections of that malady or its complication would become multiplied. In the measles wards M. Grancher found that broncho-pneumonia and diph-

theria raged with intensity, creating thus the true danger of the primitive affection. Fully convinced of this fact, he wrote in 1888 to the hospital administration, asking for three things—a perforated metallic screen, a wire basket for each bed, and a supplementary nurse for each ward. The screen was folding, and surrounded the bed so that each child was isolated completely from the others, and yet not entirely deprived of their company, as the perforations were large enough for it to see all that was going on around it. The wire basket had for object the easy disinfection of all the plates, cups, etc., which were used by the patient. When the nurse brought the child its food, she spread on the bed an india-rubber napkin, and the repast finished, the whole was taken away in the basket and plunged as it was into boiling water. The supplementary nurse had sole charge of all the children placed thus in quarantine, and was not allowed to go near any other. By this method he obtained a reduction in the number of internal cases of contagion, but this reduction was much more marked in diphtheria than in measles.

Injection Test for Ruptured Bladder.

Mr. W. J. Walsham, assistant surgeon to St. Bartholomew's Hospital, in the *Lancet*, August 2, 1890, says: The value of this test was well illustrated by a case recently under my care at the Metropolitan Hospital. The patient, an elderly woman, had been knocked down and run over by a van, one of the wheels passing over the lower part of her abdomen. On admission she was found to have a fracture of the pelvis, involving the sacro-iliac joint, with considerable separation of the pubic symphysis. She was quite unconscious and in an extremely collapsed condition. The skin was cold and clammy, the pulse small and weak, and the respiration feeble and sighing. When I saw her shortly after her admission, she was still deeply collapsed, but had slightly recovered consciousness and complained of great pain in the lower part of her abdomen. It was doubtful how much urine she had in her bladder at the time of the accident, since, having only partially regained consciousness, she could not answer this question satisfactorily. I passed a silver male catheter, but only a small quantity of blood-stained fluid escaped, and on depressing the handle the points seemed to be felt more easily than normal

by the hand above the pubes. The history of the accident, the collapsed condition of the patient, the fracture of the pelvis, the separation of the pubic symphysis, the pain in the hypogastrium, the escape of only a small quantity of bloody fluid on the passage of the catheter, and the apparent abnormal projection of the point of the catheter above the pubes when the handle was depressed, led me to suspect a rupture of the bladder. Seeing the importance of early recognizing this injury if treatment by suture of the ruptured viscus is to have a fair chance of success, I determined to explore the bladder by an incision above the pubes. Before doing so, however, I thought it as well to try the injection test. I therefore forcibly injected a measured quantity of water into the bladder through a full-sized catheter tightly fitting the urethra, and then after a few minutes drew it off, taking care to prevent any loss. The same amount, within a drachm or so, as that injected was returned. In the face of this test, therefore, I resolved to wait a few hours before undertaking any active measures. Suffice it to say that in the course of the evening the patient passed urine naturally. After this she had no further bladder trouble, and made an uninterrupted recovery.

Danger in Exercise.

The *Providence Journal* quotes Dr. Patton, Chief Surgeon of the National Soldiers' Home at Dayton, Ohio, as saying in an interview in Pittsburgh, the other day, that of the 5,000 soldiers in the Dayton home "fully 80 per cent. are suffering from heart disease in one form or another, due to the forced physical exertion of the campaigns." And he made the prediction that as large a percentage of the athletes of to-day will be found 25 years from now to be victims of heart disease, resulting from the muscular strains that they force themselves to undergo. As for the likelihood of exercise to prolong life, it may be said that according to the statistics of M. de Solaiville there are more people living in France to-day who have passed the age of 60 than there are in England, the home of athletic sports. And there is probably no nation in Europe more adverse to muscular cultivation for its own sake than the French. Great athletes die young, and a mortality list of Oxford rowing men published a few years ago showed that a comparatively small percentage of

them lived out the allotted lifetime. Dr. Jastrow has demonstrated in some very elaborate statistics that men of thought live on an average three and a half years longer than men in the ordinary vocations of life.

Gastro-Intestinal Lesions and Tuberculosis.

In a very thorough and carefully prepared paper, in the *Dublin Journal of Medical Science*, August, 1890, Dr. Morin Rousseff discusses the relation of lesions of the gastro-intestinal tract to tuberculosis. He briefly describes the findings at the autopsy in thirty-four cases and gives the following as his conclusions: 1. In chronic pulmonary tuberculosis the intestinal tuberculosis depends upon the state of the stomach. This organ modified in its structure by either parenchymatous or interstitial inflammation, or by amyloid degeneration, can no longer discharge its functions normally, and cannot be an obstacle against the invasion of the bacillus. 2. Intestinal tuberculosis is always preceded or accompanied by a pathological condition of the stomach. A capital point in the treatment of tuberculosis should be attention to the state of the stomach, either in preventing the modifications which may appear or in treating these modifications, for intestinal tuberculosis, added to the pulmonary, quickens the course of the disease. 3. Man, on account of his life being more abnormal, and gastric troubles resulting from this, is oftener attacked by intestinal tuberculosis than woman (during the course of pulmonary tuberculosis). 4. The age of the patient, the degree of pulmonary lesion and its duration have no very great influence on the production of intestinal tuberculosis. 5. Pulmonary tuberculosis by itself cannot directly produce a gastritis which would permit of a tuberculization of the intestine.

Pambotano a Substitute for Quinine.

The *Deutsche Medicinische Wochenschrift*, July 30, 1890, states that Dujardin-Beaumetz, at the February meeting of the Académie de Médecine, presented a substitute for quinine, the bark of pambotano, which, administered in decoction, has, according to investigations by Dr. Valude, controlled the paroxysms of intermittent fever, even in cases in which quinine failed.

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Sept. 13, 1890.

Editorial.

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CHARLES W. DULLES, M.D.,
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NEVER SEND A MANUSCRIPT! Try to get an envelope or paper which will fit it.

When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

LISTER AND LISTERISM.

At the recent meeting of the International Medical Congress, one of the most notable addresses made was that by Sir Joseph Lister, in regard to the present position of antiseptics, and the most striking feature of the address perhaps was the definition of his present position in regard to the methods of securing asepsis in wounds. To the surprise of many and the gratification of some, he announced that he had abandoned the use of almost all of the details which once formed a part of the antiseptic method known by his name. He went so far as to say:

"As regards the spray, I feel ashamed that I should ever have recommended it for destroying microbes. I once trusted the spray implicitly as an atmosphere free from living organisms. The floating particles in

the air may be disregarded in our surgical work, and therefore we may dispense with antiseptic washing and irrigation, provided always that we can trust ourselves and our assistants to avoid the introduction into the wound of septic defilement from other than atmospheric sources. We abandoned the spray three years ago and compensate its absence by antiseptic washing and irrigation and surrounding the seat of operation by widespread towels wrung out of antiseptic solutions. The spray had its use as an irrigator of the surgeon's hands, but if we give up all washing of the wound with the spray our vigilance must be redoubled. I believe the task of giving up all, if assistants were impressed with the importance of their duty, would not prove a difficult one. I have never ventured to make experiment on any large scale, though I have long had it in contemplation. We have already made considerable approaches towards its completion. Our wounds are not subjected to the spray, while carbolic acid has given place to the less irritating solution of corrosive sublimate. Drainage is not so extensive as it used to be, but it would be a grand thing if we could dispense with it altogether."

These utterances have furnished occasion to certain writers to glory over what they speak of as Professor Lister's recantation. With such comments we have no sympathy, and think that they are as unwise as they are unkind. All persons who have for a long time believed that Lister and his followers were mistaken in attaching so much importance to the minute details of his method, will be glad to find that he has himself become convinced of the correctness of this view; but this change of his ought to be looked upon as the evidence of an honest and wise mind, and it should be treated accordingly. Lister's former methods, even with the amount of error they contained, have been of incalculable value to mankind. They have revolutionized the practice of surgery; they have made familiar and successful operations which were

once dreaded or altogether avoided, and they constituted the foundation for a superstructure of absolutely clean surgery which, however it may have been understood in theory before, was rarely carried out in practice. We believe that his present position is more in accordance with scientific facts than his former one was, but the theoretical superiority of his present position in no way militates against the value of the one which he occupied fifteen years ago. That was one of the stages of development. This is another; and it is possible that he and the whole surgical world may still further advance as time goes on. But, as it stands now, Lister deserves and, we have no doubt, will receive the gratitude of all intelligent and fair-minded surgeons for what he has accomplished, and their respect for the candor with which he has turned away from opinions which once seemed to him very important, because facts, not always graciously presented, have convinced him that they were incorrect.

COELIOTOMY.

Dr. Robert P. Harris, of this city, who is known all over the world for his researches in connection with the operations upon the abdominal cavity and its contents, and especially in regard to pelvic operations in women, has recently written a pamphlet in which he discusses the impropriety of the use of the word laparotomy to indicate an incision through the walls of the abdomen in general, and the propriety of substituting for this term coeliotomy. By a study of the history of the word laparotomy, its etymology and the true anatomical signification of the roots from which it is derived, he shows unmistakably that the term is not a correct one. Naturally he then urges the abandonment of this term and the substitution for it of the term coeliotomy, which is etymologically correct.

This is an interesting manifestation of a desire for accuracy, and deserves the atten-

tion of surgeons and writers all over the world, which we have no doubt it will receive. In the interest of precision of terms, we would second his suggestion that the word coeliotomy be used in place of the word laparotomy, and thus aid the effort of Dr. Harris to introduce a correct term instead of an incorrect one.

FROGS IN THE STOMACH.

The re-appearance of the old story about a frog in a human being's stomach led to an inquiry of a subscriber to the *REPORTER*, in Columbus, in regard to the circumstances attending it, and the statement that a certain physician of that place was responsible for the air of reliability given to it in the daily papers of August 9, 1890. We are informed that this physician is supposed to be an eclectic, probably a graduate of the institution of that sect in St. Louis.

Of course, no intelligent physician could become responsible for such an absurd notion as that a frog could live in the human stomach for any length of time, or that the metamorphosis of a tadpole could take place in that organ. The delusion that living air-breathing animals can exist for some length of time in the stomach is a pretty wide-spread one, but goes no further than the region of considerable ignorance. All stories of this sort are, of course, absolutely false. It is possible that one might be started by an attempt on the part of a physician to play upon the imagination of a patient who entertained a delusion of having an animal in the stomach; in which case bystanders, or others not in the secret, might suppose that the performance was a genuine one, and that such an animal had been really removed.

It is rather a pity to have the newspapers starting accounts of this kind because it encourages the development of delusions on the part of persons who have—as most people have at times—curious or unaccountable sensations within the abdomen, and medical

men might misunderstand referred to,

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men might take occasion to correct any misunderstanding of the kind we have referred to, when they have an opportunity.

HEARING WITHOUT EARS.

Dr. Richard Ewald, who is known as a most careful and skilful experimenter upon the brain, makes a most remarkable communication in the *Berliner Klinische Wochenschrift*, describing experiments which he had recently performed to ascertain the effect of total destruction of all the external and internal parts of the organ of hearing, except the internal auditory nerve and parts more central. By a most elaborate and painstaking operation, requiring for each side, operated upon from four to six hours of time, Ewald removed from pigeons all of the hard and soft parts connected with the external ear, the middle ear and the labyrinth, and left nothing but the stump of the internal auditory nerve. The most remarkable result of this operation was the discovery of the fact that within a few hours these animals gave distinct manifestations of being capable of hearing. Ewald describes not only the steps of the operation performed, but the details of experiments by which he determined the interesting fact just mentioned.

Every precaution required by scientific accuracy seems to have been observed in these experiments, and the conclusion of Ewald—remarkable as it is—seems to be established, namely, that pigeons can hear without any ears. After these operations, however, he found that he could produce degeneration by cauterizing the root of the internal auditory nerves with a little croton oil or with some arsenic paste, and that in these cases the pigeons became totally deaf.

MANAGEMENT OF THE INSANE IN PENNSYLVANIA.

Through the activity and perseverance of Dr. Henry M. Wetherill, the Secretary of the Committee on Lunacy of the Pennsyl-

vania State Board of Charities, there has been discovered in Venango County an insane man who had been kept chained for many years in a room by his father, and in a state of filth and squalor hard to describe. After personally discovering this unfortunate, Dr. Wetherill, acting for the Committee, had him removed by officers of the law and placed in the State Hospital at Warren, Pa.

There are probably extremely few instances of such ignorant and inhuman treatment of the insane in Pennsylvania, because for some time the Committee of which Dr. Wetherill is Secretary has been searching for and correcting them. But so long as one such remains the Committee will have room for the performance of an important service to the community. The State of Pennsylvania is to be congratulated upon the way in which the Committee has already discharged its difficult tasks, and every reason to expect that it will soon remove the last trace of the old methods of treating the insane in this State.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

PHILOSOPHY IN HOMŒOPATHY. Addressed to the Medical Profession and to the General Reader. By CHARLES S. MACK, M. D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of the University of Michigan at Ann Arbor. Small 8vo, pp. 174. Chicago: Gross & Delbridge, 1890.

The title of this little book is attractive. Medical men have long wanted to know how homœopaths could defend their system on philosophical grounds. The present author attempts to do this. He points out the difference between inductive and deductive philosophy; the former collating individual facts and inferring from them general principles or laws, the latter assuming that certain principles are correct and applying them to particular cases. The former has given us all the physical sciences and all that is truly scientific in medicine. The only claim that the latter, as applied to medicine, can have is that its principles are inherently and necessarily true. Dr. Mack suggests that the starting point of the deductive method may be that which appeals to the reasoning faculty as forcibly as do material facts to the senses by which they are perceived. Now it appears from Dr. Mack that the essential principle of homœopathy is *similia similibus curantur*, which, it would seem, he would have his readers infer "appeals to the reasoning faculty as forcibly as do material facts to the senses by which they

are perceived." In this he attempts to make the so-called law of similars one of the primary principles of consciousness. How far removed it is from such a dignity is evident from the fact that ninety-nine persons in a hundred see no reason in it. The attitude, therefore, of Dr. Mack, who insists so repeatedly upon the reasonableness of *similia* and the unreasonableness of doubting it, reminds one of the story of the man on a jury, who "had against him in the verdict eleven of the most obstinate men he ever saw in his life."

Dr. Mack asserts that the "law of the similars" is the only law of cure. If this were true then it might follow, as he appears to believe it does, that no matter how often a man may recover, either by the efforts of unassisted nature or under the care of the physician, he has not been *cured* unless he has been treated homeopathically. He admits that an anthelmintic may be given a patient suffering with tape-worm and, the parasite being expelled, the man recover. But he has not been *cured*, because he has not been treated in accordance with the "law of similars." We give these specimens of the author's reasoning to show how, starting with the assumption that there is a law of similars, he comes to juggle with words in order to explain away the results obtained by scientific physicians. Every one who studies disease in the light of physiology and pathology knows that in few instances do medicines cure disease in the sense of being antidotal to it—their function in most cases is to assist the organism to recover. Most sick persons would recover without medication; nature cures. But under the guidance of a skillful physician they recover more promptly, with less suffering during their illness and with less damage as the result of it. The doctrine that medicines are antidotes to disease is a relic of the barbarous age in which disease was looked upon as possession by evil spirits, and when, consequently, something was sought for to exorcise the spirit.

The author certainly has not written his book in a philosophical spirit. His iteration and reiteration of the word cure, frequently printed in italics and sometimes in small capitals; his repeated declaration that *similia* is the "law" of cure, and the "only law," utterly ignoring the numerous exceptions which show conclusively that it is at most only a rule or method of practice, lead one to suspect that his purpose has been to persuade his hearers by awakening their sympathies and arousing their enthusiasm, rather than by appealing to their reason and so convincing them. In other words, the book is a special plea, not a sound argument. But perhaps he has made the best showing that is possible.

DISEASES OF WOMEN AND ABDOMINAL SURGERY. BY LAWSON TAIT, F. R. C. S., Edin, and Eng., LL. D., Prof. of Gynecology in Queen's College, Birmingham, etc. Vol. i, 8vo, pp. viii, 547. Philadelphia: Lea Brothers & Co., 1889.

The appearance of a work upon gynecology, by Mr. Tait, will naturally attract wide attention and interest. The position which he has attained in the medical world, his very wide experience as practitioner and operator, and his peculiar method of stating his opinions, ensures for any book emanating from him a wide circle of readers. The title of this book promises a systematic treatise upon the diseases of women, and indicates that the sections devoted to abdominal surgery will be especially elaborated. In the present volume the disease of the Mons Veneris, Vulva, Vagina, Urethra, Bladder, Uterus, Broad Ligaments, Fallopian Tubes and Ovaries are considered. In the preface Mr. Tait says: "My chief object is to offer

the results of my own experience in as condensed a form as possible. If the present edition is to have any value it can arise only from what I have to say of my own work." Hence the book must be looked at from this standpoint, and not from that of a systematic treatise.

The first 216 pages are devoted to the diseases of the external genitals, bladder and urethra, vagina and uterus. The treatment generally is cursory. The amount of space devoted to each topic depends less upon the importance of the subject than upon the elaboration of any peculiar views held by the author upon etiology, pathology or therapy. The opinions of authorities are omitted, or are mentioned in contradistinction to his own. The matter is presented in general from the standpoint of the clinician. Anatomy and pathology are very lightly dwelt upon; as are likewise methods of examination and treatment. Many opinions of the author differ widely from those of other medical men, and hence will elicit the more thought and discussion. For example, vaginal hysterectomy for cancer is unqualifiedly condemned, partly because of the primary mortality, but principally because in the author's opinion that the disease always recurs, the apparent exceptions being instances of erroneous diagnosis. In operating for "vaginal" fistula all the elaborate apparatus devised by Sims, Simon and Bozeman is discarded; the instruments used are a straight knife, a curved-handled needle and Ferguson's speculum. The stitches are applied by the use of the finger-tips only, without the use of the speculum.

The remainder of the book is devoted to a consideration of the Broad Ligament, Fallopian Tubes and Ovaries and their diseases, embracing Ectopic Pregnancy. The theory of menstruation, the inflammatory diseases of the uterine appendages and ectopic gestation are especially elaborated.

The author has been such a prolific writer that those who have kept pace with his previous productions will find little that is novel. For such the present work will prove of use chiefly as a collection and re-edition of former separate treatises. The plan pursued by the author of giving only his own views prevents the work from being a complete treatise, and makes the *ego* decidedly prominent. Nevertheless, it has many decided advantages, not the least of which is that the treatise is a distinct contribution to literature, being the matured judgments of a man of force and of the widest experience, and not a mere compilation. The book is addressed to practitioners rather than to students. While it is not to be expected that all it contains will be accepted by medical men, yet the present volume will unquestionably exert a great influence for good, more especially because of the wide disseminations of the teachings it contains concerning the nature and treatment of pelvic inflammation and ectopic pregnancy. Perhaps in a negative way as much may be accomplished by impressing upon practitioners the dangers in cases of pelvic inflammations, of treating the cases upon mechanical principles, the abuse of the uterine sound, pessaries and intra-uterine medication.

—Peanut Oil has been found in samples of cod-liver oil sent to the Paris Exposition; and one of the officials remarked that to present such articles to compete for prize awards, dealers must have considerable boldness, strengthened by long impunity.

NOTES AND COMMENTS.

Excision of Hemorrhoids.

In an excellent article in the *Annals of Surgery*, May, 1890, Dr. L. S. Pilcher advocates the employment of Whitehead's operation in the treatment of aggravated hemorrhoids. He does not do this indiscriminately, however, but with due regard for the conditions of patient and of surgeon which ought—as in every surgical case—to influence the choice of an operation. Personally he has worked on the lines laid down by Whitehead and has found the various steps of the operation comparatively easy of execution, but taking much more time than the enthusiastic representations of the Manchester surgeon would have led one to expect. Some of this prolongation of the operation is due of course to the natural inexpertness of one who is new to the operation; some is due to the aggravated character of the cases with which he has had to do. Most of the time is used in securing hemostasis and to have to apply a ligature to twelve or more arterioles in a case has been his usual experience. There has been no special trouble, or difficulty about any part of the work, it has been simply time consuming. He has not tried the deep sutures of Lange nor the buried shoemaker's stitch of Marcy; but thinks he will, in future cases, with a view to their value in controlling bleeding and shortening the time required for the operation.

The results, however, have been all that the more enthusiastic partisan of the operation could have claimed for it. A perfectly healthy outlet to the rectum, as far as the mucous membrane is concerned, has been secured to all his patients. The contractile powers of the sphincters in the worst cases, long weakened by constant distention, has, of course, demanded time for its restoration. In only one case, at the end of a year, is there still some lack of power in the sphincteric grip to wholly control the escape of gas or fluids, but in this case the improvement in the general condition of the parts, and the resulting comfort, is so great that the slight infirmity that still persists is regarded as insignificant.

The certainty, the absoluteness and the permanency of the cure are the points which have struck Dr. Pilcher as most clearly shown in the cases which he reports. The procedure is an ideal one surgically inasmuch

as it combines immediate and radical removal of all diseased tissue, with immediate closure of the wound and subsequent union by first intention. Dr. Pilcher does not think, however, that it can be called an operation easy of performance. He would say that it was an operation not to be lightly undertaken by one not accustomed to delicate operative manipulations, or without the presence of good assistants, good light and appropriate instruments. Doubtless, as in the hands of the eminent surgeon who has introduced the operation, natural manipulative aptitude, extensive general surgical training and the special skill resulting from the repetition of the operation hundreds of times, would reduce the difficulties of this operation to a minimum and render it neither tedious nor bloody.

It is not, however, what the operation would be in the hands of such an operator that is to be considered, but rather what it would be found to be by the operator of average experience and opportunities. Dr. Pilcher's judgment is that, in the hands of the latter operator, the operation in aggravated and extensive piles would be found to often justify the opinion of Kelsey that it is "naturally difficult, tedious and bloody." It ought to be ranked as a major operation. Especially ought it to be ventured upon with caution in the case of patients who are very weak and unfit to be subjected to a prolonged operation, or in whom by reason of renal or pulmonary disease prolonged anæsthesia would be dangerous. The operation is one which appeals much more to the operative bent of the general surgeon than to that of the rectal specialist, and he is not surprised that by the latter class of practitioners it is almost universally condemned. To one, however, who is accustomed to dealing with vascular tissues, to whom the hemostatic forceps and the ligature are ready and frequent servitors, to whom the preservation of cut surfaces from septic contamination is a thing of easy routine, by whom the coaptation of cut surfaces, subsequent primary union, the avoidance of tissue necrosis and the limitation of suppuration are always eagerly sought for, to such the technical difficulties inherent in the ablation of hemorrhoidal tumors after the method of Whitehead will seem trivial obstacles beside the ideal perfection of the results to be gained. The operation is based on sound surgical principles and it is a valuable and permanent addition to operative

surgery. The frequency with which it will be resorted to will depend much on the individual surgeon; it will be more frequently employed by surgeons who are doing much general operative work, and it has qualities that will cause it to be more frequently resorted to, as multiplied experience brings to the operator increased skill.

Dr. Pilcher's paper closes with useful suggestions in regard to the way in which Whitehead's operation should be carried out in order to secure its best results, for which the original paper should be consulted.

Antiseptic Midwifery Ridiculed.

Under the head of "Counsels of Lucina," who was the goddess of childbirth, a writer in the *Journal de Médecine*, of Paris, April 20, 1890, gives the following advice to young practitioners:

On rising in the morning, take a full bath of soap and water; the scrubbing should extend to the most private parts. Persons with a full head of hair should have it epilated every month, for it has been demonstrated that the hairs furnish shelter to quantities of microbes. The same precautions are necessary for the beard and other hairy regions of the body. The eye-brows and eye-lashes being indispensable to the hygiene of the eyes, should be respected, but they should be well scrubbed every morning with Van Swieten's solution. The nasal cavities should be carefully swabbed out; it would even be prudent to stuff them during the day with iodoform gauze; as respiration can go on quite well by the mouth.

The ears should be carefully douched by a specialist familiar with the direction of the external auditory passage; and it would be wise also, with double-current catheter to wash out the middle ear through the Eustachian tube. The mouth being a frightfully septic cavity, it should be divested of all useless ornaments. The teeth should be extracted and replaced by artificial teeth, which the physician should wear as little as possible, and only to eat with, or when he goes to see his female patients; at other times these little masticatory apparatuses should be soaking in a strong carbolic solution. It will also be advisable to make every morning a thorough lavement of the stomach and rectum, for these cavities often emit gases which breed bacteria, one of which may infect several patients.

The carriage in which the physician visits his patients should every morning be washed inside and out in a full stream of water in the presence of the master, who should superintend the work of his ignorant servants, and the wheels should be well greased with carbolized oil changed every eight days. A spray-producer should be placed under the coachman's seat and keep up a constant antiseptic vapor inside the carriage. The carriage-box should be replaced by a drying stove, which should be always in operation. Whenever the physician has occasion to visit one of his lying-in patients, he should change his clothes and place those that he has taken off in the stove in question. The same garment should never be worn in the sick-room of two consecutive patients without being disinfected. If accidentally one of the wheels touches any excrement, it should be at once washed. It would be well to have the wheels made of iron, so as to be disinfected by the flame after such an accident.

Whenever the physician enters a patient's house, he will take care to demand immediately a pair of rubber slippers, which he will put off on leaving the house; otherwise his boots will become impregnated from the carpet with a prodigious quantity of microbes. He will also take pains not to shake hands with any one, for this would be to invite infection by such contact. Whenever a patient has died of any affection supposed to be microbic, the physician should abstain from all visits for at least a week, which should be spent on top of the Eiffel tower or near his mother-in-law, both of which have recently been classed among the best microbicides.

From time to time the physician may dine in company, but he will be served apart on a little table, so as not to be infected by contact with neighbors. He must eat with his fingers, because the disinfecting stove is not yet used for keeping the silver, which may therefore be covered with micro-organisms. He may, however, bring with him his dishes and other implements for eating previously disinfected. He should abstain from all food that has not been boiled and drink only distilled liquors.

Quack Medicines.

According to the *Münchener medicinische Wochenschrift*, July 22, 1890, the local board of health of Carlsruhe exposes the following proprietary remedies:

Dr. S. highly recommended for various ailments. Dr. H. the spine, application of powders of potash of iron (bicarbonate) preparation ment is to all "ing the and bla months, payable about \$ English tincture wood, The pri regular Elect an apot diseases, taining red and not prin tain a The ent

Hospit

Acco vania S August of the i Harrisb ren, all and kno there ar tal, at gheny; phia; St. Fran Bne, C The clares 3,510 a white, signem with h Harris

Dr. Schiepek's oil to improve hearing, highly recommended by a druggist of Vienna for noises in the ears, a mixture of various oils. Price about 90 cents, drugs worth 15 cents.

Dr. Hartmann's remedies for diseases of the spinal cord, consisting of a fluid for local applications (perfumed tincture of soap), powders for internal administration (bromide of potassium), drops (equal parts of tincture of iron and aromatic tincture) and powders (bicarbonate of sodium stained with a preparation of iron) for hip-baths. The treatment is directed by mail and is applicable to all "private" diseases, especially affecting the nerves, spinal cord, skin, kidneys and bladder. It lasts from three to four months, and costs about \$12.50 a month, payable in advance. The drugs are worth about \$3.25.

English wonderful balsam, consisting of tincture of benzoin colored red by sandal wood, recommended for various diseases. The price is 25 per cent. higher than the regular cost.

Electro-homœopathic star remedy, sold by an apothecary in Genf, for the cure of all diseases, consists of eight small vials, containing pellets, and three bottles of "white, red and blue electricity." The pellets consist principally of sugar. The bottles contain a feeble alcoholic vegetable tincture. The entire outfit is sold for about \$3.50.

Hospitals for the Insane in Pennsylvania.

According to the Report of the Pennsylvania State Committee on Lunacy issued August 12, 1890, the institutions for the care of the insane in Pennsylvania are located at Harrisburg, Danville, Norristown and Warren, all directly under the control of the State and known as "State" hospitals. In addition, there are the Western Pennsylvania Hospital, at Dixmont, eight miles west of Allegheny; Philadelphia Hospital, at Philadelphia; Friends' Asylum, at Philadelphia; St. Francis Hospital, at Pittsburgh, and Burn Brae, Clifton Heights.

The insane confined in institutions of all classes in Pennsylvania is 6,884, of whom 3,510 are males and 3,374 females; 6,702 are white, 182 colored, 4,352 natives, 2,287 foreigners and 245 unknown. The number in each hospital was, on September 30, 1889: Harrisburg, 734; Danville, 888; Norris-

town, 1,827; Warren, 725; Dixmont, 270; Western Pennsylvania, 704; private, 514; private houses, 33; Philadelphia, 811; Alms-house, 624; prisons, 24.

The total expenditures for the year were: Harrisburg, \$139,908.74; Danville, \$187,653.77; Norristown, \$347,102.78; Warren, \$126,424.77; Dixmont, \$164,465.73; Friends' Asylum, \$77,071.72; Pennsylvania, \$179,847.57. The average weekly cost of current expenditure was: Harrisburg, \$3.97; Danville, \$3.55; Norristown, \$3.67; Warren, \$3.20; Dixmont, \$4.09; Friends' Asylum, \$13.23; Pennsylvania, \$8.97½.

Food Preservatives.

Science, August 8, 1890, says, quoting from the *Brooklyn Medical Journal*:

The use of preservatives for articles intended for food and drink is an important one, both for the manufacturer and consumer. From a sanitary point of view, it is doubtful whether any of the preservatives ordinarily added to articles intended for human consumption ought to be encouraged. Laws exist in Continental European countries prohibiting the use of certain of these preservative agents. Salicylic acid is prohibited by most of them, and the manufacturers are there beginning the use of benzoic acid, which is preservative in small amount and is not easy to detect. After a discussion at a convention of chemists at Speyer, Bavaria, on September 10, 1888, the conclusion was reached that boric acid, as a preservative for foods, is to be regarded with caution. Sanitary authorities have generally spoken in stronger terms of the use of boric acid, and yet it enters into the composition of a large number of the preservatives in the market. Hirschsohn gives a description of several different boro-glycerides which he recommends for preserving foods. Boro-glycerine is prepared by heating glycerine with boric acid, in the proportion of 124 of the former to 190 of the latter. He also recommends sodium, calcium and magnesium glyceroborates. These compounds are mostly tasteless, and quite soluble in water and alcohol. Magnesium borate is recommended as a remedy in throat affections. A. R. Rosen recommends the following method for preserving meats: Boric acid or its salts are dissolved in water and the solution is then frozen. The article to be preserved is then covered with this ice, with

the result that the meats are preserved after the ice melts. Dr. E. Polenske has made an examination of ten commercial preservatives intended for meats. Three of the ten contained sulphurous acid or sulphites; two contained borax, and five boric acid; one each contained alum, arsenious oxide, salicylic acid and free phosphoric acid; two contained glycerine, and two boroglycerine; three contained nitre and six common salt. The one containing arsenious oxide was the only one actively poisonous, but several of the others were decidedly objectionable. Indeed, we should object to the addition of anything to our meats which is not a natural ingredient of food or cannot be converted into a compound natural to the human body.

Johnstown Flood and Insanity.

One of the most interesting features of the recent report of the State Committee on Lunacy of Pennsylvania, is the statement in regard to the mental condition of the survivors of the disaster at Johnstown, Pa. It was a common remark at the time that many of the survivors of that great disaster would probably lose their reason; but this does not appear to have been the case. Only fifteen cases of insanity in any way referable to the effects of the great catastrophe have been discovered, and of these seven had been insane before the flood and had been restored. Of the eight who had not been previously insane, two were quite old and one was intemperate. Finally, seven of these insane persons recovered under hospital treatment. The Secretary says of these returns: "In reviewing this very small total the conviction is strengthened that the great and overwhelming trials of life are much less liable to overthrow the reason than the continuous worry and attrition of minor evils and unavoidable contact with depressing surroundings."

Rabies Scares.

The New York *Medical Times*, August, 1890, says editorially:

In a practice covering many years we have never seen a case of rabies in dog or man, and yet if we believe the papers they are now so common that they are treated in institutes organized for the purpose by the hundred and thousand. If a dog in the heat of summer has a fit either from the effect of heat or

indigestion and snaps at any one with whom it comes in contact, he is instantly pronounced mad, the wound cauterized and the dog killed. If the dog were restrained for three or four days it would, if mad, die of the disease, and the fact of his real condition thus become fully established, while if killed the evidence is at once removed, causing that doubt and uncertainty, which would almost absolutely follow, to develop a nervous condition closely resembling the real disease and not unfrequently proving fatal. Keep the dog alive if possible for at least a week, and in nine cases out of ten the haunting fear of death by hydrophobia will be removed. The existence of hydrophobia is too well proved to admit of doubt. The benefit derived from the great discovery of Pasteur is an established scientific fact, but the bite of a dog, it should always be remembered, only communicates disease under certain conditions, and those conditions should be fully established during the life of the animal. Without the positive proof of rabies in the dog the person bitten may be harmless for months by a fear which is possibly groundless.

Eugenol.

The oil of cloves has for a long time been used as a local remedy for the relief of toothache, but no scientific investigation as to the actual value of the local application of this drug has yet been reported. According to the *Western Druggist*, Liebreich and Langaard state that the oil of cloves applied to the uninjured skin first produced reddening and then anæsthesia. Recently, Dr. Leubuscher has determined the presence in oil of cloves of an active principle, which he terms eugenol.

Eugenol is a clear, dark yellow fluid, in its chemical composition allied to the higher phenols. In water it is insoluble, but readily soluble in alcohol and ether. It has an odor like the oil of cloves, and has also been described under the name of eugenic acid.

A Cigarette Four Months in the Lungs.

Dr. Lapeyre, in the *Journal de Médecine*, August 17, 1890, relates an astonishing case of a man who, startled by a slap on the back, inspired into his trachea a lighted cigarette, did not know what had becom-

of it, kept it in his lungs four months and then coughed it up in the presence of two friends. Dr. Lapeyre is not said to be connected with the marine service of his country.

Chilblains and Chapped Hands.

Baelz, of Tokio, recommends the following most strongly:

℞ Potassæ causticæ, one part
Glycerini
Alcohol, of each, forty parts
Aq. destill. 120 "

The hands are to be first bathed in warm water, and the mixture rubbed in subsequently. A single daily application produces a cure in course of two or three days.

Philadelphia Polyclinic.

The Ladies' Aid Society of the Polyclinic Hospital has decided to raise \$5,000 to perpetually endow a free bed for cripples in the hospital, for which that society has already done a great deal. Instead of deferring the usefulness of the fund until the entire amount has been raised, the progressive endowment plan has been adopted, whereby the bed is put into use for one month in each year in perpetuity as soon as each \$500 is subscribed.

A large number of persons who are afflicted with deformities themselves and desire to provide those opportunities for early treatment which the poor cannot otherwise obtain, are taking an active interest in the project.

NEWS.

—It is reported that the gripe is coming again.

—Dr. Oliver Wendell Holmes celebrated his eighty-first birthday at his Beverly Farms home, August 29.

—An accidental death from aconite poisoning occurred in New York, September 1. The victim was 67 years old.

—After an absence from town of ten months, Dr. John K. Mitchell has returned to office at 211 South 17th Street, Philadelphia.

—Dr. C. H. Neall, a Philadelphia dentist, has had several articles in the REPORTER,

was seriously injured August 30 at Holidaysburg, Pa.

—Mrs. Susan L. Barr, wife of Dr. D. M. Barr, proprietor of the Hygeia Hotel, in Ocean Grove, N. J., died August 31 from lock-jaw. Two weeks before she was badly burned. She was fifty-seven years old.

—Dr. Samuel G. Dixon, recently Professor of Hygiene in the University of Pennsylvania, has resigned, in order to take the position of Professor of Bacteriology in the American Academy of Natural Sciences.

—Dr. Herman Rooker, living at 222 South 16th Street, Philadelphia, died suddenly at the Pennsylvania Hospital, September 3. It is believed that he died of opium poisoning and that he was an opium *habitué*.

—The State Veterinary Surgeon of Pennsylvania has issued to the farmers of the State a warning in regard to the causes and symptoms of anthrax and the way in which the bodies of animals dying with it should be disposed of.

—The Philadelphia Board of Health continues to prosecute dishonest milk dealers. On September 3 it ordered suit to be brought against twenty dealers for selling watered, skimmed and colored milk after being warned not to do so.

—The influenza has reappeared in an alarming form at the village of New Mecklenburg, Germany, where hundreds were stricken down last year, and many of those who suffered then have been attacked now with still greater severity.

—The outbreak of zymotic disease among the men in the Glogau garrison in Germany has been pronounced by the authorities, who have investigated the matter, to be due to the over-exertion of the soldiers on too short an allowance of food.

—Dr. R. S. Means, one of the physicians to the Government Hospital for the Insane at Washington, D. C., died August 1, 1890, after an illness of eighteen days. He was a young man of marked ability, and gave promise of a brilliant future.

—A fatal mistake was made on September 2 in Bellevue Hospital by a transient nurse, and it resulted in the death of a convalescent patient. The nurse gave the poor man a dose of pure carbolic acid under the impression that it was the medicine prescribed by the doctor.

—Dr. Denman B. Ingersoll, who was graduated at the University of Pennsylvania in 1865, died August 30, at May's Landing, N. J., of cancer, after four months' illness.

He was well known throughout the State, and was a member of the County Board of Pension Examiners.

—The State Medical Board of New Jersey met at Trenton, September 2, and organized by selecting Dr. W. L. Newell, of Millville, President; Dr. A. H. Worthington, of Trenton, Secretary; and Dr. W. P. Watson, of Jersey City, Treasurer. The Board will meet again before making examinations.

—Dr. R. S. Wharton, who is, or was, an assistant to Dr. William Pancoast, has been reported in the newspapers as intending to bring suit for payment of a claim for medical services rendered to the Red Cross Society at the time of the Johnstown flood, in 1889. The justice of his claim is denied by the Society.

—A young woman, 17 years old, living in Moncton, N. J., went to sleep August 25, and had not yet awakened on September 1. She had a mania for eating paper bags, and it is supposed this mania had something to do with her illness. About a year ago she slept for five days, but was awakened while being bled by her medical attendant.

—On September 1 a law went into effect in New York that "no child actually or apparently under 16 years of age shall smoke or in any way use any cigar, cigarette or tobacco in any form whatsoever in any public street, place or resort. A violation of this subdivision shall be a misdemeanor and shall be punished by a fine not exceeding \$10 and not less than \$2 for each offence."

—A woman in St. Louis has recently been creating great excitement by pretensions to a power to heal diseases, which were blasphemous in form and probably insane in motive. On September 2 two physicians filed a complaint in the Probate Court in St. Louis for an inquiry as to the sanity of the woman, whose name is Maria B. Woodworth. Five days were given her in which to prepare for the trial.

—At a meeting of the Trustees of the Cooper Hospital, Camden, September 3, Thomas Warring was elected Superintendent and his wife was selected as Matron, succeeding Mrs. E. Wilson, who resigned several weeks ago. Miss Burke was also appointed head nurse. The new Superintendent was formerly a teacher at the Westtown Friends' School and Miss Burke was formerly connected with a Massachusetts hospital.

—Dr. Nathan F. Mossell, a colored physician and a graduate of the University of Pennsylvania in 1882, was on September 3 arraigned on a charge of criminal malpractice preferred by a young woman, now a patient in the Philadelphia Hospital. Dr. Mossell asserts that he had treated the young woman for a tumor of the uterus and that his error in diagnosis had been confirmed by the resident and visiting obstetricians at the Philadelphia Hospital.

—The Mississippi Valley Medical Association will hold its sixteenth annual session at Louisville, Ky., October 8-10, 1890. A large and interesting meeting is expected. The President is Dr. Joseph M. Mathews, Louisville, the Secretary, Dr. E. S. McKee, Cincinnati, the Chairman of the Committee of Arrangements, Dr. I. N. Bloom, Louisville. These gentlemen will be pleased to give information to those desiring it. The American Rhinological Association will meet the same week at the same place, so as to make it possible to attend two Associations at the same time.

—The physicians at work in cholera-infected districts of Spain continue to receive ill usage from the peasants, who are opposed to the precautionary regulations which the physicians insist shall be carried out. A short time ago every doctor was furnished with a military escort, but despite this reports of violence done to them are daily received at the Government offices. In Valencia a physician has been killed by a stiletto stab in the back. At Mogente another doctor had his head split in two by a hatchet wielded by a woman; while in another district near Lerdo a third was set upon and killed by an infuriated mob.

—At the Pharmaceutical Conference at Leeds, September 3, it was stated that patent medicines have paid to the British Government in 1890 the enormous sum of £220,000 (\$1,110,000) in the shape of duties, and it was estimated that before the end of the year a million and a half sterling will have been expended by the owners of these nostrums. In view of the facts, and that, while many of the compounds so protected are comparatively harmless, others are positively dangerous, the President declared that the time had come for the Government to adopt the Continental method and say to the makers that if they wish to reach the public they must consent to reveal the ingredients of their mixtures.